

DPS Mutual Member Name: _____

Policy Number: _____ Primary Phone #: _____ Social Security Number: _____

Additional Beneficiary:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ % Phone 1: _____ Phone 2: _____

Email: _____ DOB: _____

Social Security Number (Required by Texas Family Code §157.317(a)(3)): _____

Additional Beneficiary:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ % Phone 1: _____ Phone 2: _____

Email: _____ DOB: _____

Social Security Number (Required by Texas Family Code §157.317(a)(3)): _____

Contingent (Contingent will be paid the benefit in the event of beneficiary's death):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ % Phone 1: _____ Phone 2: _____

Email: _____ DOB: _____

Social Security Number (Required by Texas Family Code §157.317(a)(3)): _____

Additional Contingent (Contingent will be paid the benefit in the event of beneficiary's death):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ % Phone 1: _____ Phone 2: _____

Email: _____ DOB: _____

Social Security Number (Required by Texas Family Code §157.317(a)(3)): _____

Signature: _____ Date: _____

Email form to DPSMutual@dps.texas.gov, or send through interoffice mail to Finance/DPS Mutual MSC 0130, or mail to DPS Mutual, PO Box 4087, Austin, TX 78773-0130.